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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

```
RIC        1   2                                 C Record Identification Code

VERSION    3   1                                 C Version Number

BASEID     4   8  $BSIDFMT                        C Unique SP Identification Number

                        16,003          LOW-HIGH BASEID Count

H_DOB     12   8  $DTE8FMT                        C Date of birth

                        16,003                   Date as YYYYMMDD

H_DOD     20   8  $DTE8FMT                        C Date of death

                        15,825                   Missing
                           178                   Date as YYYYMMDD

H_DODSRC  28   2  $SRCFMT                         C Source of date of death

                        15,825                   No date of death
                             1                   01 From Medicare bill
                             0                   03 Clerical entry
                             0                   05 Bill and clerical entry
                           103                   10 Proven Medicare Benefits record
                            11                   11 Proven Medicare Benefits record & bills
                            51                   20 Unproven Medicare Benefits record
                            12                   21 Unproven Mcare Benefits record & bills
                             0                   23 Unproven Mcare Benefits rec & clerical
                             0                   25 Unproven Mcare Benefits rec, bill & cler

H_SEX     30   1  $SEXFMT                         C Sex code

                         7,091                   1 Male
                         8,912                   2 Female

H_RACE    31   1  $RACEFMT                        C Race code

                            31                   0 Unknown
                        13,560                   1 White
                         1,599                   2 Black
                           172                   3 Other
                           176                   4 Asian
                           395                   5 Hispanic
                            70                   6 North American Native

H_AGE     32   3  AGEFMT                          N SP age based on CMS date of birth

                        16,003                   Age in years
```

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_STRAT    35  1  $AGEFMT                                C MCBS Sample age stratum

                              1,305                      1  0-44
                              1,364                      2  45-64
                              2,709                      3  65-69
                              2,758                      4  70-74
                              2,749                      5  75-79
                              2,647                      6  80-84
                              2,471                      7  85 +

H_ENT01    36  1  $ENTFMT                                C Medicare entitlement code for Jan

                                540                      A Part A Medicare only
                                145                      B Part B Medicare only
                             15,317                      C Parts A and B Medicare
                                  1                      N No Medicare entitlement

H_ENT02    37  1  $ENTFMT                                C Medicare entitlement code for Feb

                                537                      A Part A Medicare only
                                145                      B Part B Medicare only
                             15,320                      C Parts A and B Medicare
                                  1                      N No Medicare entitlement

H_ENT03    38  1  $ENTFMT                                C Medicare entitlement code for Mar

                                538                      A Part A Medicare only
                                145                      B Part B Medicare only
                             15,319                      C Parts A and B Medicare
                                  1                      N No Medicare entitlement

H_ENT04    39  1  $ENTFMT                                C Medicare entitlement code for Apr

                                538                      A Part A Medicare only
                                145                      B Part B Medicare only
                             15,320                      C Parts A and B Medicare
                                  0                      N No Medicare entitlement

H_ENT05    40  1  $ENTFMT                                C Medicare entitlement code for May

                                540                      A Part A Medicare only
                                145                      B Part B Medicare only
                             15,318                      C Parts A and B Medicare
                                  0                      N No Medicare entitlement

H_ENT06    41  1  $ENTFMT                                C Medicare entitlement code for Jun

                                535                      A Part A Medicare only
                                144                      B Part B Medicare only
                             15,324                      C Parts A and B Medicare
                                  0                      N No Medicare entitlement

H_ENT07    42  1  $ENTFMT                                C Medicare entitlement code for Jul

                                504                      A Part A Medicare only
                                142                      B Part B Medicare only
                             15,357                      C Parts A and B Medicare
                                  0                      N No Medicare entitlement
```

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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_ENT08    43  1   $ENTFMT                               C Medicare entitlement code for Aug

                              502                        A Part A Medicare only
                              142                        B Part B Medicare only
                           15,359                        C Parts A and B Medicare
                                0                        N No Medicare entitlement

H_ENT09    44  1   $ENTFMT                               C Medicare entitlement code for Sep

                              500                        A Part A Medicare only
                              142                        B Part B Medicare only
                           15,360                        C Parts A and B Medicare
                                1                        N No Medicare entitlement

H_ENT10    45  1   $ENTFMT                               C Medicare entitlement code for Oct

                              499                        A Part A Medicare only
                              141                        B Part B Medicare only
                           15,356                        C Parts A and B Medicare
                                7                        N No Medicare entitlement

H_ENT11    46  1   $ENTFMT                               C Medicare entitlement code for Nov

                              497                        A Part A Medicare only
                              140                        B Part B Medicare only
                           15,327                        C Parts A and B Medicare
                               39                        N No Medicare entitlement

H_ENT12    47  1   $ENTFMT                               C Medicare entitlement code for Dec

                              496                        A Part A Medicare only
                              138                        B Part B Medicare only
                           15,271                        C Parts A and B Medicare
                               98                        N No Medicare entitlement

H_DOE      48  8   $DTE8FMT                              C Medicare entitlement start date

                           16,003                          Date as YYYYMMDD

H_DOT      56  8   $DTE8FMT                              C Medicare entitlement end date

                           15,997                          Missing
                                6                          Date as YYYYMMDD

H_MEDSTA   64  2   $MSCFMT                               C Medicare status code as of 12/31

                                3                          Unknown
                           13,253                        10 Aged, no ESRD
                               56                        11 Aged, ESRD
                            2,611                        20 Disabled, no ESRD
                               51                        21 Disabled, ESRD
                               29                        31 ESRD only
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_LAF      66  2  $LAFFMT                               C Status of SSA check (LAF) as of 12/31

                                  1                        Unknown
                                  0                     AD Cur pay-adj for dual entitlement
                                  0                     AF Transfer to another PC or dio
                                  0                     A9 Cur pay-miscellaneous adjustment
                             15,353                      C Current payment status
                                  1                     DW Deferred-Workers' Compensation
                                  0                     D2 DEF-retirement test
                                  0                     D3 DEF-D2 for primary
                                  6                     D6 DEF-recover overpayment
                                  0                     D9 DEF-miscellaneous reason
                                  0                      J Advanced filing-current pay
                                  0                     L2 Advanced filing-worked inside U S
                                  0                     L3 Advanced filing-insured worked in U S
                                  0                      N Not in pay status
                                  0                     PB Delayed-benefit due but not paid
                                  0                      R Cur pay-Part B reinstated
                                  0                     RN Cur pay-Part B reinstated
                                  2                      S SUSP-deferred retirement
                                  1                     SD SUSP-other
                                  0                     SF SUSP-fails to meet residence requirment
                                 62                     SH SUSP-government pension
                                  2                     SP SUSP-public assistance
                                  0                     SW SUSP-Workers' Compensation
                                  3                     S0 SUSP-continuing disability investig
                                  0                     S2 SUSP-fails retirement test
                                  0                     S3 SUSP-primary account S2
                                  4                     S6 SUSP-check returned for address
                                 21                     S7 SUSP-vocational rehab refusal
                                  0                     S8 SUSP-payee not determined
                                  8                     S9 SUSP-miscellaneous reason
                                  0                     TA TERM-prior to entitlement
                                  0                     TJ TERM-prior to entlmt, not stop debit
                                  0                     TR TERM-claim withdrawn
                                  0                     T0 TERM-benefits paid by another agency
                                151                     T1 TERM-death of beneficiary
                                  0                     T2 TERM-death of primary
                                  1                     T3 TERM-divorce, marriage, remarriage
                                  0                     T4 TERM-dependent child attained age 18
                                  0                     T5 TERM-entitled on another account
                                  0                     T6 TERM-child no longer student, disabled
                                  1                     T8 TERM-recovery from disability
                                  1                     T9 TERM-miscellaneous
                                380                      U Active uninsured status (no SSA check)
                                  0                     XF Transfer to another PC or DIO
                                  0                     XR Terminated -
                                  2                     X1 TERM-death of insured
                                  0                     X5 TERM-entitled to another benefit
                                  3                     X7 TERM of uninsured
                                  0                     X9 TERM miscellaneous
                                  0                     ZZ Erroneous entitlement
```

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_RESST   68  2   $STFMT                                 C SSA State code of residence as of 12/31

                               525                       01 Alabama
                                 0                       02 Alaska
                               270                       03 Arizona
                               129                       04 Arkansas
                             1,275                       05 California
                               181                       06 Colorado
                               204                       07 Connecticut
                                 2                       08 Delaware
                                27                       09 Washington, DC
                             1,149                       10 Florida
                               521                       11 Georgia
                                 1                       12 Hawaii
                                34                       13 Idaho
                               579                       14 Illinois
                               124                       15 Indiana
                               197                       16 Iowa
                               180                       17 Kansas
                               271                       18 Kentucky
                               146                       19 Louisiana
                                47                       20 Maine
                               197                       21 Maryland
                               288                       22 Massachusetts
                               749                       23 Michigan
                               266                       24 Minnesota
                                31                       25 Mississippi
                               383                       26 Missouri
                                 0                       27 Montana
                               113                       28 Nebraska
                               283                       29 Nevada
                                 2                       30 New Hampshire
                               534                       31 New Jersey
                               277                       32 New Mexico
                             1,039                       33 New York
                               623                       34 North Carolina
                                19                       35 North Dakota
                               757                       36 Ohio
                               178                       37 Oklahoma
                                 3                       38 Oregon
                               816                       39 Pennsylvania
                               279                       40 Puerto Rico
                                 0                       41 Rhode Island
                               246                       42 South Carolina
                                 1                       43 South Dakota
                               331                       44 Tennessee
                             1,000                       45 Texas
                                 4                       46 Utah
                                 1                       47 Vermont
                                 0                       48 Virgin Islands
                               297                       49 Virginia
                               630                       50 Washington
                               176                       51 West Virginia
                               484                       52 Wisconsin
                               134                       53 Wyoming

H_RESCTY  70  3   $CTYFMT                                 C SSA county code of residence as of 12/31

                            16,003                       County code
```

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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_ZIP      73   5  $ZIPFMT                               C Postal zip code of residence as of 12/31

                             16,003                        ZIP Code

H_CENSUS   78   2  $CENFMT                               C Census Region of residence as of 12/31

                                  0                       ** Unknown
                                542                       01 New England
                              2,389                       02 Middle Atlantic
                              2,693                       03 East North Central
                              1,159                       04 West North Central
                              3,238                       05 South Atlantic
                              1,158                       06 East South Central
                              1,453                       07 West South Central
                              1,183                       08 Mountain
                              1,909                       09 Pacific
                                279                       10 Puerto Rico

H_METRO    80   1  $METFMT                               C Metro status

                              4,218                       N Non-metro area
                                  0                       U Unknown
                             11,785                       Y Metro area

H_HSBEG1   81   8  $DTE8FMT                              C Beginning date of latest hospice period

                             15,739                         Missing
                                264                         Date as YYYYMMDD

H_HSEND1   89   8  $DTE8FMT                              C Ending date of latest hospice period

                             15,739                         Missing
                                264                         Date as YYYYMMDD

H_HSBEG2   97   8  $DTE8FMT                              C Beginning date of 2nd hospice period

                             15,919                         Missing
                                 84                         Date as YYYYMMDD

H_HSEND2  105   8  $DTE8FMT                              C Ending date of 2nd hospice period

                             15,919                         Missing
                                 84                         Date as YYYYMMDD

H_HSBEG3  113   8  $DTE8FMT                              C Beginning date of 3rd hospice period

                             15,945                         Missing
                                 58                         Date as YYYYMMDD

H_HSEND3  121   8  $DTE8FMT                              C Ending date of 3rd hospice period

                             15,945                         Missing
                                 58                         Date as YYYYMMDD

H_HSBEG4  129   8  $DTE8FMT                              C Beginning date of 4th hospice period

                             15,961                         Missing
                                 42                         Date as YYYYMMDD
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Variable  Col Len Format    Frequency ComQues# FacQues# Variable Type & Label
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H_HSEND4  137  8  $DTE8FMT                                C Ending date of 4th hospice period

                            15,961                          Missing
                                42                          Date as YYYYMMDD

H_ESRBEG  145  8  $DTE8FMT                                C Beginning date of ESRD period

                            15,835                          Missing
                               168                          Date as YYYYMMDD

H_ESREND  153  8  $DTE8FMT                                C Ending date of ESRD period

                            15,951                          Missing
                                52                          Date as YYYYMMDD

H_GHPSW   161  1  $GHPSW                                  C Some group health participation in year

                            13,860                          0 No enrollment
                             2,143                          1 Some enrollment

H_PARTLC  162  1  $PARTC                                  C GHP - partial county switch

                            14,138                          0 Not a partial county plan
                             1,865                          1 Partial county plan by ZIP

H_PLTP01  163  2  $PLNFMT                                 C GHP plan type for Jan

                            13,974                            No enrollment
                                54                          01 Health care prepayment plan
                               102                          02 Cost HMO
                             1,873                          06 Risk HMO

H_PLAN01  165  5  $GHPFMT                                 C GHP contract number for Jan

                            13,974                          N Unknown, or no plan
                             2,029                            Plan Identifier

H_PLPY01  170  5                                          N Medicare capitation payment for Jan

H_PNUM01  175  3                                          N Number of GHPs in bene area in Jan

H_RPNM01  178  3                                          N Number of risk plans in bene area in Jan

H_PLTP02  181  2  $PLNFMT                                 C GHP plan type for Feb

                            13,962                            No enrollment
                                54                          01 Health care prepayment plan
                               103                          02 Cost HMO
                             1,884                          06 Risk HMO

H_PLAN02  183  5  $GHPFMT                                 C GHP contract number for Feb

                            13,962                          N Unknown, or no plan
                             2,041                            Plan Identifier

H_PLPY02  188  5                                          N Medicare capitation payment for Feb

H_PNUM02  193  3                                          N Number of GHPs in bene area in Feb

H_RPNM02  196  3                                          N Number of risk plans in bene area in Feb
```

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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PLTP03   199  2  $PLNFMT                                C GHP plan type for Mar

                             13,961                         No enrollment
                                 54                       01 Health care prepayment plan
                                103                       02 Cost HMO
                              1,885                       06 Risk HMO

H_PLAN03   201  5  $GHPFMT                                C GHP contract number for Mar

                             13,961                       N Unknown, or no plan
                              2,042                         Plan Identifier

H_PLPY03   206  5                                         N Medicare capitation payment for Mar

H_PNUM03   211  3                                         N Number of GHPs in bene area in Mar

H_RPNM03   214  3                                         N Number of risk plans in bene area in Mar

H_PLTP04   217  2  $PLNFMT                                C GHP plan type for Apr

                             13,963                         No enrollment
                                 54                       01 Health care prepayment plan
                                103                       02 Cost HMO
                              1,883                       06 Risk HMO

H_PLAN04   219  5  $GHPFMT                                C GHP contract number for Apr

                             13,963                       N Unknown, or no plan
                              2,040                         Plan Identifier

H_PLPY04   224  5                                         N Medicare capitation payment for Apr

H_PNUM04   229  3                                         N Number of GHPs in bene area in Apr

H_RPNM04   232  3                                         N Number of risk plans in bene area in Apr

H_PLTP05   235  2  $PLNFMT                                C GHP plan type for May

                             13,962                         No enrollment
                                 54                       01 Health care prepayment plan
                                103                       02 Cost HMO
                              1,884                       06 Risk HMO

H_PLAN05   237  5  $GHPFMT                                C GHP contract number for May

                             13,962                       N Unknown, or no plan
                              2,041                         Plan Identifier

H_PLPY05   242  5                                         N Medicare capitation payment for May

H_PNUM05   247  3                                         N Number of GHPs in bene area in May

H_RPNM05   250  3                                         N Number of risk plans in bene area in May

H_PLTP06   253  2  $PLNFMT                                C GHP plan type for Jun

                             13,960                         No enrollment
                                 54                       01 Health care prepayment plan
                                102                       02 Cost HMO
                              1,887                       06 Risk HMO
```

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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_PLAN06   255  5  $GHPFMT                               C GHP contract number for Jun

                             13,960                      N Unknown, or no plan
                              2,043                        Plan Identifier

H_PLPY06   260  5                                        N Medicare capitation payment for Jun

H_PNUM06   265  3                                        N Number of GHPs in bene area in Jun

H_RPNM06   268  3                                        N Number of risk plans in bene area in Jun

H_PLTP07   271  2  $PLNFMT                               C GHP plan type for Jul

                             13,957                        No enrollment
                                 57                      01 Health care prepayment plan
                                102                      02 Cost HMO
                              1,887                      06 Risk HMO

H_PLAN07   273  5  $GHPFMT                               C GHP contract number for Jul

                             13,957                      N Unknown, or no plan
                              2,046                        Plan Identifier

H_PLPY07   278  5                                        N Medicare capitation payment for Jul

H_PNUM07   283  3                                        N Number of GHPs in bene area in Jul

H_RPNM07   286  3                                        N Number of risk plans in bene area in Jul

H_PLTP08   289  2  $PLNFMT                               C GHP plan type for Aug

                             13,952                        No enrollment
                                 57                      01 Health care prepayment plan
                                102                      02 Cost HMO
                              1,892                      06 Risk HMO

H_PLAN08   291  5  $GHPFMT                               C GHP contract number for Aug

                             13,952                      N Unknown, or no plan
                              2,051                        Plan Identifier

H_PLPY08   296  5                                        N Medicare capitation payment for Aug

H_PNUM08   301  3                                        N Number of GHPs in bene area in Aug

H_RPNM08   304  3                                        N Number of risk plans in bene area in Aug

H_PLTP09   307  2  $PLNFMT                               C GHP plan type for Sep

                             13,947                        No enrollment
                                 57                      01 Health care prepayment plan
                                103                      02 Cost HMO
                              1,896                      06 Risk HMO

H_PLAN09   309  5  $GHPFMT                               C GHP contract number for Sep

                             13,947                      N Unknown, or no plan
                              2,056                        Plan Identifier

H_PLPY09   314  5                                        N Medicare capitation payment for Sep

H_PNUM09   319  3                                        N Number of GHPs in bene area in Sep
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_RPNM09  322  3                                        N Number of risk plans in bene area in Sep

H_PLTP10  325  2  $PLNFMT                                C GHP plan type for Oct

                            13,941                         No enrollment
                                57                       01 Health care prepayment plan
                               103                       02 Cost HMO
                             1,902                       06 Risk HMO

H_PLAN10  327  5  $GHPFMT                                C GHP contract number for Oct

                            13,941                       N Unknown, or no plan
                             2,062                          Plan Identifier

H_PLPY10  332  5                                        N Medicare capitation payment for Oct

H_PNUM10  337  3                                        N Number of GHPs in bene area in Oct

H_RPNM10  340  3                                        N Number of risk plans in bene area in Oct

H_PLTP11  343  2  $PLNFMT                                C GHP plan type for Nov

                            13,944                         No enrollment
                                57                       01 Health care prepayment plan
                                99                       02 Cost HMO
                             1,903                       06 Risk HMO

H_PLAN11  345  5  $GHPFMT                                C GHP contract number for Nov

                            13,944                       N Unknown, or no plan
                             2,059                          Plan Identifier

H_PLPY11  350  5                                        N Medicare capitation payment for Nov

H_PNUM11  355  3                                        N Number of GHPs in bene area in Nov

H_RPNM11  358  3                                        N Number of risk plans in bene area in Nov

H_PLTP12  361  2  $PLNFMT                                C GHP plan type for Dec

                            13,956                         No enrollment
                                57                       01 Health care prepayment plan
                                99                       02 Cost HMO
                             1,891                       06 Risk HMO

H_PLAN12  363  5  $GHPFMT                                C GHP contract number for Dec

                            13,956                       N Unknown, or no plan
                             2,047                          Plan Identifier

H_PLPY12  368  5                                        N Medicare capitation payment for Dec

H_PNUM12  373  3                                        N Number of GHPs in bene area in Dec

H_RPNM12  376  3                                        N Number of risk plans in bene area in Dec

H_MCSW    379  1  $SWFMT                                 C Some Medicaid eligibility for the year

                            12,882                       N No participation
                             3,121                       Y Some participation
```

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_MCDE01  380  1  $MCDCFMT                               C Medicaid eligibility for Jan

                                   0                     A State Part A buy-in
                               1,238                     B State Part B buy-in
                                  33                     C State Part A and B buy-in
                                  73                     D State Part A and B QMB buy-in
                                   3                     E State Part A and B SLMB buy-in
                              13,100                     N No buy-in this month
                               1,287                     Q State Part B QMB buy-in
                                 269                     S State Part B SLMB buy-in

H_MCDE02  381  1  $MCDCFMT                               C Medicaid eligibility for Feb

                                   0                     A State Part A buy-in
                               1,241                     B State Part B buy-in
                                  33                     C State Part A and B buy-in
                                  73                     D State Part A and B QMB buy-in
                                   3                     E State Part A and B SLMB buy-in
                              13,093                     N No buy-in this month
                               1,288                     Q State Part B QMB buy-in
                                 272                     S State Part B SLMB buy-in

H_MCDE03  382  1  $MCDCFMT                               C Medicaid eligibility for Mar

                                   0                     A State Part A buy-in
                               1,245                     B State Part B buy-in
                                  34                     C State Part A and B buy-in
                                  74                     D State Part A and B QMB buy-in
                                   3                     E State Part A and B SLMB buy-in
                              13,078                     N No buy-in this month
                               1,295                     Q State Part B QMB buy-in
                                 274                     S State Part B SLMB buy-in

H_MCDE04  383  1  $MCDCFMT                               C Medicaid eligibility for Apr

                                   0                     A State Part A buy-in
                               1,252                     B State Part B buy-in
                                  34                     C State Part A and B buy-in
                                  74                     D State Part A and B QMB buy-in
                                   3                     E State Part A and B SLMB buy-in
                              13,060                     N No buy-in this month
                               1,298                     Q State Part B QMB buy-in
                                 282                     S State Part B SLMB buy-in

H_MCDE05  384  1  $MCDCFMT                               C Medicaid eligibility for May

                                   0                     A State Part A buy-in
                               1,264                     B State Part B buy-in
                                  34                     C State Part A and B buy-in
                                  74                     D State Part A and B QMB buy-in
                                   3                     E State Part A and B SLMB buy-in
                              13,034                     N No buy-in this month
                               1,305                     Q State Part B QMB buy-in
                                 289                     S State Part B SLMB buy-in
```

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Variable   Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_MCDE06   385  1  $MCDCFMT                              C Medicaid eligibility for Jun

                                    0                    A State Part A buy-in
                                1,273                    B State Part B buy-in
                                   34                    C State Part A and B buy-in
                                   75                    D State Part A and B QMB buy-in
                                    3                    E State Part A and B SLMB buy-in
                               13,016                    N No buy-in this month
                                1,313                    Q State Part B QMB buy-in
                                  289                    S State Part B SLMB buy-in

H_MCDE07   386  1  $MCDCFMT                              C Medicaid eligibility for Jul

                                    0                    A State Part A buy-in
                                1,279                    B State Part B buy-in
                                   34                    C State Part A and B buy-in
                                   77                    D State Part A and B QMB buy-in
                                    3                    E State Part A and B SLMB buy-in
                               13,004                    N No buy-in this month
                                1,312                    Q State Part B QMB buy-in
                                  294                    S State Part B SLMB buy-in

H_MCDE08   387  1  $MCDCFMT                              C Medicaid eligibility for Aug

                                    0                    A State Part A buy-in
                                1,276                    B State Part B buy-in
                                   34                    C State Part A and B buy-in
                                   77                    D State Part A and B QMB buy-in
                                    3                    E State Part A and B SLMB buy-in
                               12,996                    N No buy-in this month
                                1,320                    Q State Part B QMB buy-in
                                  297                    S State Part B SLMB buy-in

H_MCDE09   388  1  $MCDCFMT                              C Medicaid eligibility for Sep

                                    0                    A State Part A buy-in
                                1,287                    B State Part B buy-in
                                   34                    C State Part A and B buy-in
                                   77                    D State Part A and B QMB buy-in
                                    3                    E State Part A and B SLMB buy-in
                               12,984                    N No buy-in this month
                                1,318                    Q State Part B QMB buy-in
                                  300                    S State Part B SLMB buy-in

H_MCDE10   389  1  $MCDCFMT                              C Medicaid eligibility for Oct

                                    0                    A State Part A buy-in
                                1,295                    B State Part B buy-in
                                   35                    C State Part A and B buy-in
                                   77                    D State Part A and B QMB buy-in
                                    3                    E State Part A and B SLMB buy-in
                               12,977                    N No buy-in this month
                                1,316                    Q State Part B QMB buy-in
                                  300                    S State Part B SLMB buy-in
```

```
Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_MCDE11  390  1  $MCDCFMT                             C Medicaid eligibility for Nov

                                   0                   A State Part A buy-in
                               1,289                   B State Part B buy-in
                                  35                   C State Part A and B buy-in
                                  77                   D State Part A and B QMB buy-in
                                   3                   E State Part A and B SLMB buy-in
                              12,980                   N No buy-in this month
                               1,319                   Q State Part B QMB buy-in
                                 300                   S State Part B SLMB buy-in

H_MCDE12  391  1  $MCDCFMT                             C Medicaid eligibility for Dec

                                   0                   A State Part A buy-in
                               1,271                   B State Part B buy-in
                                  35                   C State Part A and B buy-in
                                  76                   D State Part A and B QMB buy-in
                                   3                   E State Part A and B SLMB buy-in
                              13,010                   N No buy-in this month
                               1,311                   Q State Part B QMB buy-in
                                 297                   S State Part B SLMB buy-in

H_MACY01  392  3  $MACYFMT                             C Buy-in agency for Jan

                              13,100                   N Unknown, or no buy-in
                               2,903                     State Agency code

H_MACY02  395  3  $MACYFMT                             C Buy-in agency for Feb

                              13,093                   N Unknown, or no buy-in
                               2,910                     State Agency code

H_MACY03  398  3  $MACYFMT                             C Buy-in agency for Mar

                              13,078                   N Unknown, or no buy-in
                               2,925                     State Agency code

H_MACY04  401  3  $MACYFMT                             C Buy-in agency for Apr

                              13,060                   N Unknown, or no buy-in
                               2,943                     State Agency code

H_MACY05  404  3  $MACYFMT                             C Buy-in agency for May

                              13,034                   N Unknown, or no buy-in
                               2,969                     State Agency code

H_MACY06  407  3  $MACYFMT                             C Buy-in agency for Jun

                              13,016                   N Unknown, or no buy-in
                               2,987                     State Agency code

H_MACY07  410  3  $MACYFMT                             C Buy-in agency for Jul

                              13,004                   N Unknown, or no buy-in
                               2,999                     State Agency code

H_MACY08  413  3  $MACYFMT                             C Buy-in agency for Aug

                              12,996                   N Unknown, or no buy-in
                               3,007                     State Agency code
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_MACY09  416  3  $MACYFMT                              C Buy-in agency for Sep

                            12,984                      N Unknown, or no buy-in
                             3,019                        State Agency code

H_MACY10  419  3  $MACYFMT                              C Buy-in agency for Oct

                            12,977                      N Unknown, or no buy-in
                             3,026                        State Agency code

H_MACY11  422  3  $MACYFMT                              C Buy-in agency for Nov

                            12,980                      N Unknown, or no buy-in
                             3,023                        State Agency code

H_MACY12  425  3  $MACYFMT                              C Buy-in agency for Dec

                            13,010                      N Unknown, or no buy-in
                             2,993                        State Agency code

H_HOSSW   428  1  $UTLFMT                               C One or more hospice bills in CY

                            15,862                      0 No utilization this type
                               141                      1 Some utilization this type

H_INPSW   429  1  $UTLFMT                               C One or more inpatient discharges in CY

                            13,036                      0 No utilization this type
                             2,967                      1 Some utilization this type

H_SNFSW   430  1  $UTLFMT                               C One or more SNF admissions in CY

                            15,385                      0 No utilization this type
                               618                      1 Some utilization this type

H_HHASW   431  1  $UTLFMT                               C 1 = one or more HHA visits in CY

                            14,892                      0 No utilization this type
                             1,111                      1 Some utilization this type

H_OUTSW   432  1  $UTLFMT                               C One or more outpatient visits in CY

                             6,204                      0 No utilization this type
                             9,799                      1 Some utilization this type

H_PBSW    433  1  $UTLFMT                               C One or more Part B claims in CY

                             2,761                      0 No utilization this type
                            13,242                      1 Some utilization this type

H_PTARMB  434  7                                        N Total Part A reimbursement in CY ($)

H_PTBRMB  441  7                                        N Total Part B reimbursement in CY ($)

H_LATDCH  448  8  $DTE8FMT                              C Discharge date of latest inpatient stay

                            13,036                        Missing
                             2,967                        Date as YYYYMMDD
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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H_LATDRG  456  3  $DRGFMT                               C DRG code for latest inpatient stay

                           13,036                         Unknown, or no discharge
                            2,967                         DRG

H_DISDES  459  2  $STATUS                               C Discharge dest for latest inpatient stay

                           13,036                         Missing
                            1,905                         01 Discharged to home/self care
                               11                         02 Discharged to other short-term hospital
                              451                         03 Discharged to skilled nursing facility
                               56                         04 Discharged to intermediate care facility
                               31                         05 Disch to another type of institution
                              360                         06 Discharged to home care of organized HMO
                               13                         07 Left against medical advice/stopped care
                                0                         08 Disch home under care of IV therapy prov
                               60                         20 Expired (did not recover Christian Sci)
                                9                         30 Still patient
                                0                         40 Expired at home (hospice claims only)
                                0                         41 Expired in hospital, SNF, ICF or hospice
                                0                         42 Expired in unknown place (hospice only)
                                8                         50 Hospice - home (eff. 10/96)
                                8                         51 Hospice - medical facility (eff. 10/96)
                               25                         61 Disch w/i facility to swing-bed SNF (99)
                                2                         71 Disch to other facility for O/P svcs(99)
                                9                         72 Disch to this facility for O/P svcs (99)
                               19                            Other destination

H_INPSTY  461  2                                        N No. of inpatient stays for CY

H_INPDAY  463  3                                        N No. of inpatient covered days for CY

H_INPCHG  466  7                                        N Inpatient charges for CY ($)

H_INPCCH  473  7                                        N Inpatient covered charges for CY ($)

H_INPRMB  480  7                                        N Inpatient reimbursement for CY ($)

H_INPCDY  487  2                                        N Inpatient coinsurance days used in CY

H_INPCAM  489  5                                        N Total inpatient coinsurance amt CY ($)

H_SNFSTY  494  2                                        N Total SNF stays in CY

H_SNFDAY  496  3                                        N Total SNF covered days in CY

H_SNFCHG  499  7                                        N Total SNF charges in CY  ($)

H_SNFCCH  506  7                                        N Total SNF covered charges in CY ($)

H_SNFRMB  513  7                                        N Total SNF reimbursement in CY ($)

H_SNFCDY  520  3                                        N Total SNF coinsurance days in CY

H_SNFCAM  523  7                                        N Total SNF coinsurance amount in CY ($)

H_HHAVST  530  4                                        N Total HHA visits in CY

H_HHACCH  534  7                                        N Total HHA covered charges in CY ($)

H_HHACHO  541  7                                        N Total HHA other covered charges CY ($)
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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_HHRMBA 548 7   N Total HHA reimbursement in CY ($), Pt. A

       Notes: Prior to 2000 this was included in H_HHARMB.
           First available in 2000

H_HHRMBB 555 7   N Total HHA reimbursement in CY ($), Pt. B

       Notes: Prior to 2000 this was included in H_HHARMB.
           First available in 2000

H_HSDAYS 562 3   N Total covered hospice days in CY

H_HSTCHG 565 7   N Total hospice charges CY ($)

H_HSREIM 572 7   N Total hospice reimbursement in CY ($)

H_OUTBIL 579 3   N Total outpatient bills in CY

H_OUTCHG 582 7   N Total outpatient covered charges CY ($)

H_OUTRMB 589 7   N Total outpatient reimbursement CY ($)

H_PHYCLM 596 4   N Total physician claims in CY

       Notes: Prior to 2000 this was included in H_PMTCLM.
           First available in 2000

H_PHYLIN 600 4   N Total physician line items in CY

       Notes: Prior to 2000 this was included in H_PMTLIN.
           First available in 2000

H_PHYSCH 604 7   N Total physician submitted charges ($)

       Notes: Prior to 2000 this was included in H_PMTSCH.
           First available in 2000

H_PHYACH 611 7   N Total physician allowed charges ($)

       Notes: Prior to 2000 this was included in H_PMTACH.
           First available in 2000

H_PHYRMB 618 7   N Total physician reimbursement ($)

       Notes: Prior to 2000 this was included in H_PMTRMB.
           First available in 2000

H_PMTVST 625 3   N Total office visits in CY

H_PMTCHO 628 7   N Total office visit charges in CY ($)

H_DMECLM 635 4   N Total DME supplier claims in CY

       Notes: Prior to 2000 this was included in H_PMTCLM.
           First available in 2000

H_DMELIN 639 4   N Total DME supplier line items in CY

       Notes: Prior to 2000 this was included in H_PMTLIN.
           First available in 2000

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Variable  Col Len Format   Frequency ComQues# FacQues# Variable Type & Label
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H_DMESCH  643  7                                        N Total DME supplier submitted charges ($)

               Notes: Prior to 2000 this was included in H_PMTSCH.
                      First available in 2000

H_DMEACH  650  7                                        N Total DME supplier allowed charges ($)

               Notes: Prior to 2000 this was included in H_PMTACH.
                      First available in 2000

H_DMERMB  657  7                                        N Total DME supplier reimbursement ($)

               Notes: Prior to 2000 this was included in H_PMTRMB.
                      First available in 2000
```